

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029313

STATE FILE NUMBER

Registration District No. 240

Primary Registration District No. 5827

Registrar's No. 30

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 30 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lewis Township</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 miles s.e. of Lilbourn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b> c. CITY OR TOWN <b>Lilbourn</b> d. STREET ADDRESS (If outside, give location) <b>Route 1</b>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>William</b> Last <b>Sittner</b>		4. DATE OF DEATH Month <b>July</b> Day <b>21</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 27, 1922</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
13a. FATHER'S NAME <b>A. J. Sittner</b>		13b. MOTHER'S MAIDEN NAME <b>Certude Tuck</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes War II</b>		16. SOCIAL SECURITY NO. <b>[redacted]</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>[redacted]</b> DUE TO (b) <b>[redacted]</b> DUE TO (c) <b>[redacted]</b>		11. BIRTHPLACE (City and state or country) <b>Vanduser, Missouri</b> 12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b> 14. NAME OF HUSBAND OR WIFE <b>Maxine Sittner</b> 17. INFORMANT Address <b>Maxine Sittner Lilbourn, Mo.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[redacted]</b> a.m. <b>[redacted]</b> p.m. <b>[redacted]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>[redacted]</b> COUNTY <b>[redacted]</b> STATE <b>[redacted]</b>	
21. I attended the deceased from <b>[redacted]</b> to <b>[redacted]</b> and last saw her/him alive on <b>[redacted]</b> . Death occurred at <b>10:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Daniel R. Hensley MD</b>		22b. ADDRESS <b>Lilbourn</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Garden of Memories</b>	
23b. DATE <b>July 23, 1963</b>		23d. LOCATION (City, town, or county) <b>Sikeston, Mo.</b>	
24. FUNERAL DIRECTOR <b>Ponder Funeral Home Lilbourn, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 22 1963</b>	
		26. REGISTRAR'S SIGNATURE <b>Charles Simpson by J. Ponder</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 5 1963

AUG 1 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*David H. Pender*

Licensed Embalmer No. 5030

P. O. Address

*Lithour, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.